

Affidavit of _____

In accordance with the requirements of Maine Bar Rule 4(e) and (k), I, _____,
Bar #, _____ of _____, certify that the following is true based on my personal
knowledge:

1. I am an attorney in good standing in the state of Maine

_____ ;
(ADD ANY OTHER STATES ADMITTED TO HERE)

2. Pursuant to Maine Bar Rule 4(e), I desire to be placed on inactive status;
3. I am not under an administrative suspension or the subject of a disciplinary investigation or proceeding under Maine Bar Rules 13(d) or (e); and
4. I have no pending or active legal business in Maine. Thus, there are no clients, courts or federal, state or local administrative agencies or private arbitration, mediation or alternative dispute resolution forums to notify.
5. Client files that I am required to retain in accordance with M. R. Prof. R. 1.15 are in the custody of _____ and may be accessed by contacting _____ at _____ (email/phone number).
6. I have returned all funds and property to the appropriate client and have closed my client trust bank account (IOLTA).

Dated: _____
MM/DD/YY

By: _____
Attorney Signature

Address

Phone #

Annual IOLTA Trust Account Report

Maine Rules Of Professional Conduct 1.15 and Maine Bar Rule 6(a)(2)

EVERY ATTORNEY MUST COMPLETE, SIGN AND RETURN THIS FORM

Mr. Ms.

Attorney's Name

City, State & Zip Code

Firm or Agency Name

Telephone

Business Mailing Address

Email

I report that: *Check the appropriate box, type or print in other information that may be needed, and then sign below*

Pursuant to Maine Bar Rule 6(a)(2), I set forth below a current listing of all Maine bank account number(s) and financial institution(s) of any pooled trust account(s) for me or my firm. By the signature below, I direct the financial institution(s) listed below to automatically and without further documentation convert all eligible trust accounts, which are not yet in the IOLTA program, to interest bearing accounts with all interest payable to the Maine Bar Foundation. I authorize the financial institutions to disclose information relating to the existence of these accounts.

Because I handle no client funds, I am exempt from the provisions of Maine Rules Of Professional Conduct 1.15 and Maine Bar Rule (6)(a)(2).

Because I practice outside the State of Maine and handle no Maine client funds, I am exempt from the provisions of Maine Rules Of Professional Conduct 1.15 and Maine Bar Rule (6)(b)(2)(b).

Pooled Trust Accounts (IOLTA)

Name of Financial Institution and Branch

Name on Account

Account Number

<u>Name of Financial Institution and Branch</u>	<u>Name on Account</u>	<u>Account Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Continued on back

I authorize the Board of Overseers of the Bar to forward copies of this report to the Maine Justice Foundation, the authorized administrator of the Maine IOLTA program.

Attorney Name (Print Clearly): _____ Bar Number: _____

Attorney Signature: _____ Date: _____

***Return this with Inactive Affidavit Request** * Please make a copy for your files
This form can also be downloaded from our Web site: www.mbf.org